

Membership Application

For XXXXXXXXXXXXXXXX

Membership Information

EGIA membership is company based. Please provide us with the company information for which you would like your membership attributed to.

Company Name: _____ **Company Phone:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Primary Contact Information

Please provide us with the contact information for the primary person we should communicate with regarding your company's membership.

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Membership Type & Payment Information

By completing and submitting this application, you are authorizing EGIA to charge your credit card the monthly amount selected below for EGIA membership.

YOUR LOGO **HERE**

Plus Membership \$279/month (First 30Days Free)

Access to all Online Resources

Premium Membership ~~\$499~~ \$399/month (Payments start immediately)

All Plus benefits with Free Live Events, Weekly Coaching and more!

Select Card Type: Visa MasterCard Amex

CC#: _____

Name on Card: _____ **Exp Date:** _____ **CVV#:** _____

Billing Address: _____ **City:** _____

State: _____ **Zip:** _____ **Signature:** _____